

**Concord Repatriation General Hospital  
Medical Staff Council  
Meeting with the Executives**

**Thursday 12<sup>th</sup> October 2023**

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**Location:**

Zoom videoconferencing

**Present:**

Muh Geot Wong, Catherine Sengupta, Rakesh Rai, Raoul Pope, Anthony Linton, James Van Gelder, Riana van der Linde, Lawrence Trieu, Kathy Woo, Robert Russo, Atul Wagh, Rachel Choit, Natasha Spalding, Tam Bui, Ibrahim Tohidi-Esfahani, Steve Merten, Alice Cottee, Winnie Hong, Hao Xiang, Avi Suryawanshi, Joseph Trieu, James Burrell, Pam Howson, Robyn McCarthy, Prunella Blinman, Rosalba Cross, Philip Visser, Laurence Gluch, Asim Shah, Payam Yahyavi, Belinda Hokin, Ilona Cunningham, Judith Trotman, Jessica Yang, Winston Cheung, Ana Ananda, Andrew Hallahan, Kim Hill, Joseph Jewitt, Fergus Davidson, Gen McKew, Michael Chan, Amanda Wang, Elizabeth Giugni, David Rowe, Lewis Chan, David Joseph, Dan Sumpton, Hany Abed, Irene Tan, Elaine Cheong

**Minutes:**

[Winston Cheung] 17:03:32

I think we'll make a start. Welcome everybody to the MSC meeting with the Executives.

Twelfth of October 2023. I've got the auto transcript on, and recording a transcript of this meeting.

I'd like to welcome any First Nations colleagues here with us today.

Concord Hospital is on Wangal land. We acknowledge the Wangal people as a traditional owners of the land, and we pay our respects to Elders past present and emerging.

Apologies for the latest minutes going out late.

I think we sent them out earlier today. I hope you all got them.

We're still working on the minutes from the meeting before.

There're 3 things I want to focus on this meeting and I want to try to keep it short, within the hour if we can.

[Winston Cheung] 17:04:27

The 3 things I really want to talk about today if possible, is the vote of no confidence, the proposed ombudsman's investigation, and also the special commission of inquiry.

I want to focus on those 3 things today and I want to try and see if we can wrap this up within an hour. But obviously I also want everyone to have their say, and to speak to those items.

So might first start with just an updates from the executives.

[Winston Cheung] 17:04:56

Joseph, I see you're there. Do you want to give us a quick update?

[Joseph] 17:05:01

Obviously it's been a fortnight since we last met, so there's not as much that I can update. But recruitment of diagnostic radiologists continues.

I think I had said last time that we were onboarding, new specialists next month.

And some in the new clinical year. Interviews for remaining vacant positions occurred this week. And we're hopeful that there will be further appointments coming out of those interviews, which will help with staffing.

We've also have had approved 10 hour days for diagnostic radiologists.

And this will make Concord a more attractive place to work. So I think that will help with our recruitment.

In terms of the capital works in Radiology, the replacement CT scanner has arrived.

It arrived on Monday, and is in the process of being installed. So that project is currently on track.

So fingers crossed that will continue to be the case and we will have that fully operational at the end of this month.

The capital works for the installation of the additional third scanner in the Emergency Department have also commenced.

And the work has been undertaken to move into, from the Emergency Department, up to 5 east.

... so that's been completed and Fast Track has moved into the ED ... space. So at the moment it's early days, but that project is also on track.

That will mean that we'll have a third CT scanner operational by the end of January in the Emergency Department. Obviously there will be, and I've said previously, ongoing capital works in the Emergency Department after that, just to reinstate the clinical space that is lost with the installation of the CT scanner. And so the overall project is going to take 10 months.

[Joseph] 17:07:06

Planning is also underway for the capital works required for the space for the new MRI scanner.

Hopefully have those plans signed off soon. So that we can actually begin the capital works for that in the Radiology Department as well.

[Joseph] 17:07:25

The Ministry of Health have issued the service agreement to the District and District Finance will have completed the loading of the new budget into the reporting system at the end of this month.

So that will be available for future. Monthly reports on finances.

And I think that's it in terms of new things since the last fortnight.

[Winston Cheung] 17:08:10

Joseph. So the ED scanner is due to be operational end of January, is that correct?

[Joseph] 17:08:17

Yeah, that's where it fits within the program.

[Winston Cheung] 17:08:20

Right. And what about the staffing for the scanner? What's the work done on that?

[Joseph] 17:08:24

There's the business case for all of this. The additional scanner had staff being attached to it as well, and we would need to be starting the process of recruiting for those staff as we get closer to the project.

[Winston Cheung] 17:08:43

Right. And do you know exactly what numbers of staff the business case said that we need for the scanner?

[Joseph] 17:08:50

I don't have that immediately on me, but I can come back to you.

[Winston Cheung] 17:08:58

It's just that you're looking 3 months you're going to have to start recruiting pretty much now. If you're going to get staff to actually staff the scanner.

[Joseph] 17:09:14

As the project has started, we'll be able to do that. So obviously in the planning stages we will need to make sure that the project's actually up and running and on track, but yes we'll be able to do that.

To start that onboarding process. The new staff.

[Winston Cheung] 17:09:33

Jessica.

[Jessica Yang] 17:09:36

Joseph. Some of the announcements that you made are news to me.

I was not aware of those, because at the moment we don't get communication for those things. So if I could just ask you the details about those, because there are quite a number of radiologists here.

[Jessica Yang] 17:09:53

And I think some of us are hearing this for the first time from you. So you mentioned that onboarding, there are a couple of new radiologists that you hope to onboard next month.

Is that confirmed and how many do we have onboarding next month?

[Joseph] 17:10:08

Reuben would have the data on that, but there's been ongoing recruitment for diagnostic radiology positions and so, we've got an open ad at the moment. That's basically it. Enough to continually recruit.

And so as we've been able to find successful people. We being onboarding those so Ruben would have that, to know in terms of exactly who's coming on when, etc.

[Winston Cheung] 17:10:36

So let's confirm we've got new people coming on. And are they staff specialists or VMOs?

[Joseph] 17:10:43

No. They'll be coming on a staff specialists. The recruitment currently, that is staff specialist positions that we recruiting to.

We're also looking to increase the VMO pool as well, but the recruitment that is currently happening is for staff specialists.

[Winston Cheung] 17:10:58

Because what I heard was there was 2 people apply for the staff specialist positions.

[Winston Cheung] 17:11:04

They were offered it 2 months ago, but they haven't actually said yes. So those people have now said yes? Is that correct?

[Joseph] 17:11:12

Look, that's the understanding, yes. But I can pick up that and come back to you.

But that's what I've understood.

[Jessica Yang] 17:11:19

Yeah, that would be great to confirm, Joseph. Because we haven't heard anything about that in Radiology.

[Winston Cheung] 17:11:27

Wasn't there a meeting today with Reuben from you guys?

[Michael Chan] 17:11:31

It's Michael Chan, also from Radiology here. What I heard was one of the 2 hasn't accepted and has declined. And will be returning to his job at Westmead, unfortunately. And the other one. This was with our meeting with Reuben today, hasn't clearly committed. We hope that he comes 2 days a week, but he only wants to come one day a week.

[Michael Chan] 17:12:04

So, I understand both of you guys are juggling many balls at the same time.

But, from my understanding, it's still being negotiated, but we're talking about either somewhere between 0.2 and 0.4 FTE.

Not confirmed, still in discussion...

[Winston Cheung] 17:12:27

But is that confirmed yet, Michael?

[Michael Chan] 17:12:42

We encourage every radiologist... to see if they want to come back. Or come here, but unfortunately I think they were still in discussions, but that was just a preliminary point that was made in our meeting with Reuben today.

[Jessica Yang] 17:13:01

I know you mentioned the second scanner business case. And I wasn't sure if there is going to be any radiologist involvement for this second scanner.

Because I think we're still waiting on that as well. And I haven't heard anything.

Because there are local needs that we have at Concord Hospital, for our referrals here at Concord. And I'm I just want to make sure that will be considered.

[Joseph] 17:13:36

So, another meeting was being set up with members of the department to develop the specifications for the second MR.

Which Reuben was leading. If not, I thought it was this week.

So those specifications will be used by procurement in order to determine which scanner in terms of this value and all the other criteria that we met. But, my understanding is that meeting have either just happened or is scheduled to happen very soon.

[Jessica Yang] 17:14:14

I see. Because if you wouldn't mind checking on that too. Because I have not heard anything about that.

[Joseph] 17:14:25

Okay.

[Jessica Yang] 17:14:25

And then the other thing you talked about the 10 hour day. You said that that's being approved.

That's also news to me as well.

[Joseph] 17:14:31

That's just been approved today. So that's come through today and so now we can go through a process of implementing that.

[Jessica Yang] 17:14:38

Right, and when do you think that will be implemented?

[Joseph] 17:14:43

Well, it would be, the department will have to lead that process. So obviously it will be for those who want to take that up. They'll need to change. Go through a HR process to change their hours in the system. And also they will need to do that for the next roster. Because obviously they'll need to adjust the roster to complete the 10 hour days now. One thing being able to do that. They should be able to implement that.

I don't think it will take very long. But there will be some work that they'll need to do in order to implement that whatever your roster cycle normally is.

Hopefully that will be able to be enacted by the next roster.

[Jessica Yang] 17:15:30

Right, okay, thank you.

[Judith Trotman] 17:15:34

Winston. Can I just make a sort of a request and I hope I don't sound pedantic and asking, but this is getting down to some pretty micro granular detail. And it's also discussed without the person who I understand is the head of department present in the meeting.

I prefer that we just kept more high level. Discussions at this meeting, particularly mindful that the last meeting we had 2 weeks ago went well over the 2 h period.

Just the preference, personal preference and others may disagree with that.

[Winston Cheung] 17:16:16

Thanks Judith.

[Judith Trotman] 17:16:18

But very important and you know lovely to hear that things are progressing.

[Winston Cheung] 17:16:26

Any other questions for Joseph?

[Winston Cheung] 17:16:29

Andrew, do you have anything to say?

[Andrew Hallahan] 17:16:34

I don't have any further updates from 2 weeks ago.

[Winston Cheung] 17:16:40

Okay, thanks. Well, I might move on to the items.

The first thing I want to speak to is the New South Wales Ombudsman investigation.

This investigation, which I'm currently drafting a letter for. We'll get the lawyers to look at before we send it off.

It's going to focus specifically on the bullying harassment issues. Which are not going to be addressed by the Cultural Review.

[Winston Cheung] 17:17:09

It's going to look specifically at intimidation, bullying, harassment. It'll look at the allegations of maladministration and look at some of the allegations of fraud.

And in terms of the actual types of issues that the Ombudsman can actually look at, the list is essentially, number one, dishonest unfair, unreasonable behaviour. Number 2, lack of transparency with decision-making.

Number 3, unfair, flawed policies or procedures. Unreasonable delays. Failure to act on complaints.

Finally, failure to reply to correspondence and failure to manage conflicts of interest.

So those are the issues which the Ombudsman can deal with and I've started drafting the letter, but will be finishing that soon.

[Winston Cheung] 17:18:05

Then we will make a submission to the Ombudsman, and that will be a general submission from me.



The detail will come from those who actually want to speak directly with the Ombudsman.

So just to say that's all under way.

Any questions from anybody?

[Winston Cheung] 17:18:23

Now this won't detract from what John McDonald's doing. This is going to tackle all the issues that John is not going to deal with. Which is primarily the intimidation, bullying and harassment.

That's the primary reason for this, but there's also those other issues which we'll look at as well.

[Winston Cheung] 17:18:43

The next one is the special commission. You've all seen the terms of reference for that, which I've sent around.

Again, I'm drafting a submission for this. This is a different type of submission.

This is looking how we actually fix governance. It's looking specifically at problems with governance and oversight at both the district level, hospital level, but also the greater oversight in New South Wales health.

So, the submissions to this close on the 31<sup>st</sup> October. All people are welcome to make a submissions and I've sent all the details.

I've had a few people contact me, but if anyone wants to make, or if you want me to help you with a submission, I'm very happy to do that.

[Winston Cheung] 17:19:32

People are welcome to make their own submissions. And I'm also happy to make submissions on other people's behalf as well.

So if there's anything you want to talk about or any questions feel free to contact me.

[Winston Cheung] 17:19:47

Any questions?

[Winston Cheung] 17:19:50

The third important matter that I want to get through was the proposed vote no confidence in the Board and also in the New South Wales Leadership. We had quite a bit of discussion last week.

I want to see if there's been any updates or any significant movement in the issues at Concord over the last 2 weeks.

So I'm interested in hearing from the parties that have been involved.

But I'll also throw the discussion open to the floor.

Ilona, you've got your hand up.

[Ilona] 17:20:32

Winston, I may have missed it, but I just love to hear item C. Any kind of updates from the Proactive solution?

[Winston Cheung] 17:20:45

We'll hear some of that actually now. We can hear all that as part of this as well, because that's all tied in.

To see what people think of the process and how people were going with the process. And what's actually being progressed.

[Winston Cheung] 17:21:04

Belinda. You've got your hand up.

[Belinda Hokin] 17:21:10

Thanks, Winston. I want to keep it pretty brief. Because we really don't want to detract from the devastating situation in Radiology at the moment.

Max has started talking to ED

[Winston Cheung] 17:21:21

Belinda, can you just turn the volume up slightly? Just a little bit soft.

[Winston Cheung] 17:21:36

It's about the same, but that's okay.

[Belinda Hokin] 17:21:38

I'll just speak a little bit louder. Okay, so I'll start again.

[Belinda Hokin] 17:21:42

Look, I don't want to take too much time here. Max has started talking to ED staff this week.

And I think he's planning a similar process to Radiology. And yesterday he was talking not only about the interpersonal stuff between medical and nursing, but also some of the more logistical stuff in relation to bed block and other challenges in the ED at the moment.

But just more generally, in the last meeting I was asked my thoughts on the problems in the ED. And clearly there are differences in opinion and experience in this regard. And I think it's important that these are all respected.

But many of the problems are the aftermath of a devastating period in the history of the ED.

And when I set out on this journey, I had never intended to be involved in the ongoing repair process in this way.

I hadn't really been an integral part of the process prior to this. I think Proactive can help with this process.

[Belinda Hokin] 17:22:39

But I also have limited influence in process within the ED. And their involvement with the Proactive team is realistically for discussion between Phil and John.

My initial motivation to speak out was in relation to the past. Predominantly as a stand against workplace bullying. And I want to see Concord reach its potential, and to also be a safe workplace for all.

As it has not been for me. It's now over 3 years since the ... started for me and for the first time I'm in a position to return to work. And focus on the future and put the past behind me.

And going forward, I want to try and help address deficiencies in the institutional response to bullying. And how policies have been implemented. And I have already had some discussion with both John and Winston in this regard, but it has been difficult while on leave.

[Belinda Hokin] 17:23:22

There's also another issue that I wish to look at, that is, because of the past, but not directly about the past, that I want to address as well, in relation to the Proactive process. I'm unsure whether there's been any work done with Workforce.

Who we also know are complicit in the problems at Concord. I still believe that although the process has been positive and they've been able to help me personally, it is unable to reconcile the past in ED for me.

Or the underlying bigger picture that expands across the campus, and beyond the walls of the Concord Hospital.

I also believe it's not possible to fully address the past without truly unpacking how we got to this position, and investigating the allegations. Without this I struggle to see any ability for true accountability, or true trust in the system to be restored.

[Belinda Hokin] 17:24:10

The meetings so far do not seem to have resulted in actual reconciliation.

I'm also speaking out as a part of what is now a small group. As the staff have left and unlike radiology I feel isolated, for the above reasons as well as some others. It is also now necessary to move on as I return to work and I need to disengage from this process.

And I'm no longer sure that it's appropriate for me to continue to be the spokesperson for ED going forward. Thanks.

[Winston Cheung] 17:24:43

Thanks.

Phil.

[Philip Visser's iPhone] 17:24:48

Winston, thank you. I think I agree with what Belinda is saying and that we are entering this stage where the ED will be next in terms of the process.

And my dealings and interaction with Proactive has been helpful in this point in time. I just I think we need to remember that the process hasn't really started.

[Philip Visser's iPhone] 17:25:20

The process hasn't really started at all and I think we need to go into the process with open minds and work with it. And try and resolve the issues as much as we can.

I think it's not fair to anyone to go into a process that I think might be painful for some, thinking that it's not going to be successful or not achieve anything. I don't think if we go in with that attitude then we're not giving it fair justice. I think we need to work with it, and see where it takes us.

Because, like Belinda said, things that happened in the past influence not only the present, but also the future. So, I am keen to work with Max and John on the team, in the ED.

And try to address some of the issues in the past that we can address, and also look at what we can address here and now, so that we've got a better future ahead of us.

[Winston Cheung] 17:26:29

Thanks. So can you, you may not be able to answer this question, but in terms of the Proactive's involvement in ED at the moment. Richard's original complaint letter. There were 10 people who signed it, of which 6 people have left.

Do you know, has he been reaching out to the 6 people? Any discussions with them?

Have Proactive involved and interviewed them at all.

[Philip Visser's iPhone] 17:27:03

Winston, I don't know what the discussions have been. I think Richard and Belinda spoke with Proactive when the process started.

And I'm not sure what's been done in that, since we've been dealing with them with a few other matters.

And so the ED process hasn't started. They haven't spoken to others this week.

[Philip Visser's iPhone] 17:27:33

We were told that Radiology was going to be the first department that go through the process.

And I'm not sure if there was anyone else in between, but ours is, we're in the lead up to that.

So they will start talking with people. I don't think that there's been lots of people. That's why I'm saying before we say the process is not going to work, we haven't even started yet... We haven't done anything yet. Still early days.

[Winston Cheung] 17:28:23

I've been contacted by one ED person who was, you probably don't know much about this, put on the Blacklist.

And since we've started this process at Concord, his name has now been removed from the Blacklist. Which is he's very happy with. Because he can now work in New South Wales. Has he been contacted specifically from Proactive? But I guess, if they have only just started, we'll wait to hear what happens.

[Philip Visser's iPhone] 17:28:56

That was my understanding, Winston. Is that, because there's a number of departments that the process needs to occur, that they will go to each department in turn. So I was also surprised when I spoke to them last week that they haven't spoken to anyone else in the ED and asking why that is.

They're only starting and they're doing individual departments as they go. So I think for there'd be some other departments that could or they might not have started with that process.

That's kind of, the method today that they outlined.

[Winston Cheung] 17:29:39

Thanks. Are there any other ED people who what to say anything?

[Winston Cheung] 17:29:49

If not, I might move to Radiology. There's a few people here from Radiology.

Do you guys want to give us an update?

[Winston Cheung] 17:30:02

Michael, can I ask you to give us an update?

[Michael Chan] 17:30:06

Thanks, Winston. We've had to deal with Proactive. I didn't mind speaking with John. Seems somewhat reasonable in some of the potential outcomes that can occur from this.

But you know, we're sort of in the middle of that 6 week process after the initial meeting, which I was not able to be part of because someone had to staff the department at that time.

[Michael Chan] 17:30:40

Just last few weeks have been pretty ordinary workload. Being at breaking point. There's some days where it's just between 2 and 3 people, 2 or 3 radiologists on the ground, when previously it's been identified that 10 to 12 FTE are needed.

So last couple of weeks when staff have been on their entitled leave, we have 3 radiologists covering Concord and Canterbury. And the workload has just increased.

A lot of staff have left. So people like Graham, Katerina, Winnie, Yang-Yi, Dana. The last ones that left, all with many years and decades of experience, which are very hard to replace. And this has led to a significant increase in meetings for the staff that have been left here.

[Michael Chan] 17:31:34

So I usually have 3 to 5 meetings a day. But no administration time or resources given. And so it's like, for my medical and surgical colleagues, like having a clinic where you for years see 10 patients, and then each year you get 2 added on each year, and then after a while you're seeing 20 patients in an afternoon.

And one of your colleagues leaves and leaves you with many more patients.

We're just trying to get a lot of things like technology and software, and all these things that we're trying to do, to make us more efficient. It's just been a really long process to try and get this all sorted out. No typist to dictate, or people to chase up films. Sort of feel like you've lost control and it's quite demoralizing coming to work.

[Michael Chan] 17:32:27

And being given 3 days' worth of work in 8 hours. We're not seeing any of our registrars permanently reapplying.

There's no real light at the end of the tunnel.

[Michael Chan] 17:32:50

It was a bit disappointing to see that someone who was offered a job ... not come through.

I understand a lot of our colleagues can be a bit frustrated with the slow turnover, and sometimes that frustration boils over. And I've had to speak to some of our non-medical staff, administrators and radiographers, who often cop a lot of things on the phone.

And often this comes out due to frustration... of resources ..., but it's also another issue that comes to us as Radiologists. To try and having to smooth things out, which comes from an issue with staffing and resources.

[Michael Chan] 17:33:43

I dread the next school holidays. Where you know the staffing will go down as well.

And I can only hope that things get better soon. Our Registrars are also at breaking point.

Typically their nights are more than twice of what has been the acceptable published benchmarks for how much they report overnight.

And many of the Registrars have had car crashes on the way home.

Including my wife.

[Michael Chan] 17:34:15

So this is at breaking point. And I can't keep doing this. And already I'm afraid that if enough of us have had enough, we don't know where our limit is.

And if we leave, we're going to end up in the situation like other certain large, teaching hospitals, where they're close to or if not already, could be deaccredited with their training program.

We're dangerously close to not having enough FTE to maintain the amount of Registrars that we have here.

[Michael Chan] 17:34:56

So, I can only hope that in the next few weeks things turn around and that we really sort out the issues here.

Things have to be changed around to make it all viable. I don't know if we have to cut meetings to deal with the work, or whether or not other things to make work more efficient have to occur.

But, all the referrals for patients, in this difficult time... I just think that things can't keep going on the way that they are. We're just at breaking point.

[Winston Cheung] 17:35:44

Thanks, Michael.

[Winston Cheung] 17:35:49

Michael and Jessica and whoever else is there. I don't know if you can answer this question, but how many colleagues are looking at leaving. Now and in the near future.

[Michael Chan] 17:36:04

I'm not.

[Winston Cheung] 17:36:04

How close are we to that, and what are the consequences? I know some are cutting back their fractions, which is very similar to actually people leaving, but what are the consequences?

Say we lose another radiologist. Another 1.0 FT. What are the consequences?

[Michael Chan] 17:36:24

If we lose 1.0 FTE then we're below the threshold. The minimum threshold to maintain the registrars.

And we've just gone through reaccreditation where essentially if there's no radiologists we can't have a registrar at Canterbury. And I think that's very reasonable.

The registrars need to be supported. They're still training.

They will make mistakes, but we have to be there for our registrars to help them get through that. And help them learn and develop and become radiologists at the end of the day.

[Michael Chan] 17:37:14

But we can't constantly keep flogging them. On evenings and nights.

I often come on additional evenings, when I'm not rostered on, or some weekends, to help out the registrar.

Because it's terrible seeing them being flogged. And them copping it from people saying that they're not reporting fast enough. But you know when things are being spat out very quickly and they're



getting more than twice of what the published benchmarks are for what is a reasonable workload for registrar. It's quite difficult to just leave them there to suffer.

[Winston Cheung] 17:37:57

Payam. You've got your hand up.

[Payam Yahyavi] 17:38:02

Yes. Something that I find really heartbreaking with what ... was saying and I'm sorry that the ... is the feeling of putting yourself in their shoes. Doing so much of hard work. Already being overburdened. Already working as Michael was saying ... Receiving negative feedback from our colleagues ...

Feedback, I can relate to that feeling. And I want to say to Michael and the rest of the radiology colleagues that I'm really sorry that you guys are going through that. I think having representatives from so many departments in this meeting. I think the least we can do for our Radiology colleagues is to understand their situation.

In those moments of frustration waiting for that CT report, just noticing that it's not because somebody's not doing their job right.

Understanding that they are already under a lot of pressure. Making sure that you're not going to give them a call and give ... negative feedback. Making them feel like they are not even being appreciated for their hard job that they are doing.

[Payam Yahyavi] 17:39:41

I think it's very important for them to understand that we do appreciate their hard job and we do understand that if there is any delay, it's not anybody's fault.

It's just they are doing the best they can when they're already overworked.

[Winston Cheung] 17:39:59

So can I ask the radiologists ... We've lost at least 5 or 6 radiologists.

We didn't have this problem, several years ago. I imagine 5 years ago we didn't have a backlog. I don't know when the backlog started.

What has happened? What has happened to cause this? We know we've taken action in the last few months. But obviously this was going on before that. What has happened to actually cause all this?

Why have all these people left? Why have our colleagues left and why are we in this mess?

Does anyone want to answer that?

[Michael Chan] 17:40:47

I think some of the colleagues have left. Sorry, it's Michael again. I think some of our colleagues have left because they were working about a hundred, 150% to 200% of the KPI benchmark of what published guidelines recommend how much a radiologist should report.

And, they unfortunately received those letters, which were, I don't know if it was ICAC or something like that. I did not personally receive one. But to them it would be quite demoralizing.

And we haven't lost them to the private.

We've lost them to other public hospitals. To other large teaching hospitals.

And a lot of our registrars, when they've finished their fellowship, they haven't returned. They've gone to other large teaching hospitals.

[Michael Chan] 17:41:46

John Hunter and Royal North Shore. So it's not like there's a big ... and they've gone to a land of milk and honey, and lots of gold.

They're just going to places where they've got the balance right in terms of the resourcing and the staffing.

[Michael Chan] 17:42:08

I understand that work is being done towards all of that.

But it can't come so and soon enough.

It's really demoralizing coming to work and having to try and burn candles at both ends to try and get through a good 70 or so cross-sectional studies, which are complex studies with more than a thousand images each.

And we're spending effectively, if you divide them equally, sometimes 8 on 9 min for a study that should take 15 to 18 min to interpret.

So, they see the burnout. You know it's a small world and they see how burnt out we are.

And they look at themselves. And they go, oh, we don't want that. Go somewhere else.

[Winston Cheung] 17:43:02

So can I ask, you and the others, Michael... We've had this process going on since essentially October. Last October I wrote the first letter... the clinical council and the Board representatives.

And then we've had further meetings since then. And we've heard these announcements and all of these promises to get things done. We hear a lot of promises. The MRI was promised in 2016 and we still don't have the MRI.

So my question to you is has enough been done? Has enough been done to stop people leaving right now? Are there people planning on leaving in the next couple of months?

Before Christmas. Has enough been done? By whoever. The hospital. John. Whoever.

Has enough been done to stop one more person from leaving?

Because if we lose one person, then we'll lose a second, and a third, and a fourth, and it will just keep going.

And then we'll lose our registrars. And then the hospital is stuffed. So my question to you is, have we done enough to this point to stop people from leaving? And I'd like to hear from all the radiologists here.

I think everyone here would like to hear. If they want to give an opinion.

[Winston Cheung] 17:44:50

What're everyone's thoughts?

[Jessica Yang] 17:44:52

Jessica here. To answer your question, Winston. No. I don't think so.

[Jessica Yang] 17:44:59

There have been a lot of promises. Yes. But implementation has been very slow. And as I asked Joseph earlier on, today at this meeting is the first time I've heard that 10 hour days has being approved.

But. You know, we'll see when that actually gets implemented. So I do really worry.

[Jessica Yang] 17:45:23

I know many of my colleagues are considering alternatives. They are considering leaving Concord Hospital.

So, no. I don't think enough has to be done so far. To stop that.

And certainly on the horizon, I don't know of any of my colleagues that actually are seriously thinking about applying for a job here.

I just don't. So, I really don't know in terms of workforce, in terms of staffing.

[Jessica Yang] 17:46:02

I'm looking at this ED CT that's going to be operational from next January.

I don't know who's going to be here to report them. I really do worry.

[Winston Cheung] 17:46:16

So Jessica, can I just put this into context. If you were to leave, and go to the private?

Just say that people did leave. How much better off would they be?

Leaving here to go to do the same work in the private.

[Jessica Yang] 17:46:34

I think that's a difficult question, because everyone wants different things from their career.

But I think for us, one of the things you asked is, how do we get to this day, right?

We were a department that was efficient. We reported all the studies on the same day. How did we get to here?

How do you ... radiology? Is now down on its knees. How did we get here?

And I would say yes, from 2016 we've been talking about the second MR, and it's just frustration after frustration.

We talked about this. We've said we need a second MR, because there's demand. The clinicians need it. Their patients needed. There's money in the radiology equipment trust fund. We can buy it. There's no issue there. But we just kept being told no.

[Jessica Yang] 17:47:30

So I, I really didn't understand why. And we are just talking about the same issue over and over and over.

You know, things are on agenda for the radiology. Just the same issues as in 2019.

[Jessica Yang] 17:47:42

So first, the frustration of just simply not progressing. And I know a lot of my colleagues left because and they said to me, they asked me, oh Jessica. How's it going at Concord? Are you, has anything changed?

Are you still talking about the same things? And I think, yeah. We're still pretty much talking about the same things.

[Winston Cheung] 17:48:04

Thanks, Jessica.

Laurence.

[Laurence Gluch] 17:48:06

Yes. I think the radiologists have had a lot of air time, so I'm going to try and raise another case to illustrate the same point.

I've noticed that Lewis is on ESA. He may care to join in if he wants, but gynaecology is another case.

There's probably not a gynaecologist on Zoom with us today, because they're probably pretty busy.

[Laurence Gluch] 17:48:24

But a few years ago we had the opportunity, a unique opportunity, because we were given 4 gynaecologists in one hit. That almost never happens, and all they asked for was the appropriate support. You know. Registrar support, so that they could build and maintain and offer a service that is essential and critical. It's not like we have a choice.

It's something we have to have as part of our hospital. And they never got what was promised to them.

And then it's no surprise, a few years down the line, they're threatening or have actually left.

And the problem is, the money gets addressed when it's irreversible.

[Winston Cheung] 17:48:59

Now, I've heard that they've actually all left. Is that correct, Joseph?

[Laurence Gluch] 17:49:02

I think 2 of the 4 have left. And I think 2 of the other 2, I don't know what conditions that they're able to do. The on call. But certainly 2 out of 4. And what we know... is that's already destined to lead to an extinct species again.

[Joseph] 17:49:29

Look, I'll take that on notice. I don't know exactly the status.

I know that there have been some additional resignations, but we're also looking at onboarding a locum so that we can maintain service until we're able to work through the issues with that service.

[Laurence Gluch] 17:49:48

We don't want service. We want departments. If you want to build the culture. Locums don't fulfil that objective.

[Joseph] 17:49:58

No, but they just help us with the workload until we can.

[Laurence Gluch] 17:49:59

I say it's not about service. It's about a teaching hospital. It's community. It needs, it needs a spirit.

Spirit, you know. That's ultimately what we have to build. There's going to be a cost, but it comes down more to culture than cost.

[lewis chan] 17:50:18

I think, Laurence, I can comment on this partly, because we were involved in helping to accommodate gynaecology when ... retired and ... being so committed, couldn't really provide the same level of service that he gave to us.

And, we really felt at the beginning of the ... .. and colleagues who were committed to a contract, was a very good thing. And, as a department, we had negotiated that space.

[lewis chan] 17:51:04

We had support of the colleagues to have a regular clinic. And it is very disappointing that the issue about registrar support hadn't really been addressed over the 5 years. I think we are in the situation where the consultants were basically first on call.

Many have had appointments elsewhere, you know. Prince Alfred for instance. Canterbury for instance. So therefore unfortunately we are the casualty for it.

[lewis chan] 17:51:40

And even the positions that were recruited for. 2 unaccredited registrars.

We just don't have the interest in the applicants to come.

I mean, I think that there are quite long standing issues and complex political administrative issues that are beyond Concord itself.

But ultimately, yes. It is a service that we can't continue without significant involvement of the district and the stream.

And I know there's work going on in the background. But on the other hand, at the moment, we know that the 4 incumbents are not going to reapply for the Quinquennium.

[lewis chan] 17:52:32

So that's where we are.

[Winston Cheung] 17:52:36

Thanks, Lewis.

Fergus.

[Fergus Davidson] 17:52:41

Thanks. Look, a little while ago Judith suggested we keep this fairly high level. We've been hearing a lot of granularity. But unfortunately all that does is reinforce the concerns and grievances that we've had. And a lot of these issues have been under the auspices of the Board and the CE.

They have been, to an extent, in control. And we're hearing again the same story about erosion of support for Concord. One of the questions that we're pondering today is our level of confidence in the Board.

[Fergus Davidson] 17:53:20

And, it really is distressing to hear a lot of these things. We're supposed to be progressing towards a ... hospital. Towards a more substantial hospital with maternity, women's health and paediatrics. And all of these things are just eroding that direction.

And I just don't know why there hasn't been more acknowledgement of the concerns that we've had for many years, in so many areas.

[Fergus Davidson] 17:53:49

The only other point. Judith wrote in the chat, that we should be reducing our acute radiology services.

Something which seems may be necessary, I guess, in a workload sense.

But that's a terrible point to come to.

Finally, I just wondered what the district response is in terms of radiology across the district. Should we be putting work over to them for example? And should we be sharing it sometimes with RPA?

Okay. When their beds overflow, we get some of their workload. Should we be sending some of the workload the other way?

Because this is almost becoming a Safe Work New South Wales matter. About ... health and safety.

[Winston Cheung] 17:54:33

Joseph, do you want to comment on that? I know it's maybe higher level.

[Joseph] 17:54:39

Look, one of the things we are doing is an IT interface issue. And it's an IT interface issue we're working through. We've got a contractor on board now who started to do the reporting of the backlog.

And we're looking at sorting out the IT interface system, plus ... which is obviously our current system. So that they can then be able to do the after-hours reporting as well. So we're working through that. It's obviously not a straightforward process to have that ... systems connect. But we have started with outsourcing reporting. So that has commenced and that is happening and we're getting that work done.

So that's the thing we're doing to try and immediately assist with the workload issues, because we do acknowledge that there is a workload demand. That there's needs to be resourced.

And obviously we've been trying to recruit vacant positions and haven't been able to get the level of response needed to get us back to the staffing level that we need to be at.

[Joseph] 17:55:49

So that's certainly something that we are doing now. And we are working with the department to look at what are those things that we can do. Such as the 10 hour shifts, all days. And there are a number of other things that we're working with the department on. Such as remote reporting as well. And working through how that will be set up. And getting approval to and the required resources to be able to set that up.

[Joseph] 17:56:19

So we are working on that, and I take on board people's frustration. And I can appreciate and understand that frustration.

And we are trying to get these things in place as quickly as possible. We note that the department is also very keen to make sure, as we do all those things, there is significant consultation with everybody. And we also make sure that we do that as well.

[Joseph] 17:56:40

So we're trying to balance moving quickly, and making sure that we are consulting with everyone to make sure that we do this right, and we're doing it in a way that brings everyone on board.

So I'm certainly happy to take the comments from tonight and look at what we can do for some of those other things. To expedite those processes. For things that are within my control, to be able to do. Absolutely.



[Winston Cheung] 17:57:06

Joseph, with the remote reporting, what I've heard is they've only done 1500 reports. Or they're doing about 750 reports a week at the moment. And the current backlog is 49000.

Is that so?

[Joseph] 17:57:26

I'll take that on notice. I don't know what the current figures are, but we have started to do that.

And it's only just started. But it will be able to take an enormous amount of the reporting pressure off the department.

Particularly when we get to the point where we're able to help with the after-hours reporting. That will also help the department significantly.

[Winston Cheung] 17:57:49

Ilona.

[Ilona Cunningham] 17:57:55

The situation is complex. And it seems to me a multi-pronged approach is really necessary, but I'm not sure whether we're cognizant of all the things that are happening in the background.

What I do find distressing is a staff member close to tears or in tears, in a meeting like this, because it does reflect an unsafe workplace.

From many points of view. And obviously, very keen to hear some progress, or hear what's happening in the background.

And that includes, the, it's distressing for all of us to hear, work from the RPA stream director, the clinical manager, etc.

[Winston Cheung] 17:58:58

We've been hearing about this since February. I mean, what's distressing about this?

[Ilona Cunningham] 17:59:02

I know, I know.

[Winston Cheung] 17:59:05

It's been distressing since February. And all I hear is promises. I don't see a lot of tangible improvements. We were promised the MR back in 2016. We still don't have it.

[Winston Cheung] 17:59:21

We haven't had a radiology meeting in our department for 3 years. Through lack of staff. Do you guys have radiology meetings?

[Ilona Cunningham] 17:59:32

We do, yes.

[Winston Cheung] 17:59:35

Why is it that some departments get radiology meetings and other departments don't?

[Ilona Cunningham] 17:59:40

Well, I think it sounds to me like it would be really interesting to hear from the clinical director and the clinical manager to see what are the processes in place to provide equity and a safe workplace?

[Winston Cheung] 17:59:56

So I heard the clinical director met today. And then the last time they met with the clinical director was in July, is that correct?

Or was it the operations manager? You've had 2 meetings in 3 months.

[Ilona Cunningham] 18:00:15

Well, in some ways the other problem is that the head of department is not here, or acting head of department is not present.

And has not been present to support his staff, who are here giving evidence.

[Winston Cheung] 18:00:33

I invited the department head to come and speak today, because I thought it was important. But he can't come on Thursday afternoons, unfortunately.

[Ilona Cunningham] 18:00:48

Because, as much as Joseph would be cognizant of, some of the things that are happening in the background to improve the situation, in the end, it's the responsibility of the head of department and the clinical director and manager to make sure that something is happening.

[Winston Cheung] 18:01:08

And it doesn't sound like there's a lot happening. The big question is not what is happening.

The big question is, is what is happening enough to stop the radiologists from leaving?

That's the question.

[Winston Cheung] 18:01:26

It's not whether there's incremental improvement. It's whether improvement is enough to keep people here.

And that's what really concerns me. And what I'm hearing. From the other radiologists who actually aren't here today, is that it's not. And nothing tangible has really improved. And we heard it last week as well.

[Winston Cheung] 18:01:48

So my issue now is how do we deal with this?

How do we deal with this?

[Winston Cheung] 18:01:57

So we wait until they leave and then we take action? Is that what we do? We wait for one more? Because if we lose one more, the rest will go.

I hope everyone understands that.

Because we're not going to be able to recruit.

You're not going to be able to recruit. And the locum costs at the moment are approximately 6 times the cost per image. So to actually get locums to cover would cost the hospital around about 5 to 6 times per image.

[Judith Trotman] 18:02:37

Sorry. I think it is very important that the people who are here acknowledge we have a limited capacity to address the situation. Unlike the hospital executive, the head of department and the clinical directors. Now my suggestion and the chat, is something that I find very difficult to write and to suggest.

It is made purely as a suggestion to start. I think we really should be starting to think what temporary measures can we put in place to support our colleagues right now?

[Judith Trotman] 18:03:25

What have I, as a head of department, referring department, have in my capacity to help reduce the burden of workload, so that they don't get in, continue in, this vicious spiral?

Because safe quality reporting I believe is under challenge.

[Winston Cheung] 18:03:45

But is this not the plan? Is this not the overall plan?

[Judith Trotman] 18:03:50

Yeah, it is the overall plan. But I'm simply saying I cannot, as part of the overall plan, contribute. I have limited capacity.

[Winston Cheung] 18:04:00

No, I'm not meaning that. I mean, Genevieve made it very clear.

When she was the GM here. That she considered radiology to be for inpatients. And for ED.

And it was very clear that when she was here that she wanted to reduce radiology services. And she wanted to reduce the stature of the hospital.

[Winston Cheung] 18:04:23

This wasn't about the growth of the hospital, and making it bigger and better. This is about reducing services, to what I consider to be the level of a district hospital.

That's what this is about. This is about reduction of services. To reduce costs at Concord Hospital.

To shift more money to elsewhere. That's the way I see this.

And we're going to have to cut services? And cut what we do in order to accommodate the deficiencies?

[Winston Cheung] 18:04:58

That has occurred in radiology. So what are we going to do? We're going to cut all our outpatient scans?

We're going to reduce the MRIs? Is that what we have to do to fix this?

[Judith Trotman] 18:05:11

Well, I'm suggesting as a fix. Suggesting we need to maybe need to think of some temporary.

Meaning that we are empowered to be able to make small little changes, to make their work life a bit more manageable.

[lewis chan] 18:05:30

I support what Judith has said actually, Winston. I think we at the MSC, knew imaging has been under stress for quite a while. And I think the previous chairs of the MSC, we knew it's been discussed, we knew there's been an issue. And I think the bottom line really is that, no matter what is happening at a higher level, and I really hope that ... helping you ... put structures in place to make things better.

We still have quite clearly ... the problem at hand, and I think as clinicians we do have some control over the external referrals.

And I saw Tim's comment about Oncology. There's a lot of advantage of having your scan done in-house. But certainly as a department, Urology has changed our referral patterns, so that we really try and make sure that the workload for our colleagues, who we see every day, and we've had a lot of dealings with our radiology colleagues, and they're excellent colleagues, we do our best that we can to help things in the short term. But I think all of us here would really like to see some of those structural changes happening.

And quickly enough in the sense that we really do need to support more the department. But as an external person to that department, all we can do is just do our very best.

[lewis chan] 18:07:09

And I think that would be what our colleagues would appreciate as well. I think the other thing that we should also try and keep a close eye on is our trainees. Because I think we all know that there is a ... in terms of imaging. And we need to do an awful lot not let the staff get away. With just ordering scans at the drop of a hat.

[Winston Cheung] 18:07:38

Jessica, I might talk to you next. One of the issues is these are band-aid solutions. But that's all we're seeing.

I know the radiology department have gone to John. They've gone to Reuben.

They've gone up the line with a list of minimum requirements that need to be fixed.

Now I know, Judith, you don't want to hear about the details.

I won't talk to you about the details. But there's a list of minimum things which need to be done.

And really none of those have been addressed.

We've got a new CT scanner, but we have no business case outlining the number of staff needed. It's supposed to start in 3 months' time and we haven't even recruited.

[Winston Cheung] 18:08:25

You know, all I hear is promises at the moment. And all I hear is band-aid solutions.

I hear no real long-term solutions to this. And I hear no acknowledgement of the problems which caused all this in the first place.

[Winston Cheung] 18:08:41

Okay, so Jessica, I'm talking to you.

[Jessica Yang] 18:08:45

Thank you, Judith and Lewis. It actually breaks my heart. To hear that you don't want ... I understand where you're coming from.

In that you are aware of the pressure that we are under, and I thank you for that. But I have to agree that this is only a band-aid solution.

[Jessica Yang] 18:09:09

I work at Concord Hospital because I want to be an academic radiologist. I want to do research.

I want to see complex scans. I want to do MDTs. I want to discuss with you those complex cases.

If I'm reduced to just reporting x-rays and simple ultrasounds, why would I work at Concord Hospital?

[Jessica Yang] 18:09:29

I work here because I want to do all those things. So it really breaks my heart. To hear that we're going to be reduced to doing simple outpatient things. That's not what I'm here for.

[Judith Trotman] 18:09:46

Oh, no, no. What I'm suggesting, Jess, is that we try and start triaging, and getting some of the outpatient stuff done ... just as a temporary measure to help protect you. Huge disappointment to even be suggesting this.

[Judith Trotman] 18:10:04

And very challenging for quality of care, for comparison, patient follow-up. It'll be an absolute nightmare for us.

[Jessica Yang] 18:10:13

Yes, I agree. And the MDTs you know, they're of tremendous value, I think, to everybody and particularly to the patients.

And I love, I really love doing my MDTs. And I haven't cut my meetings, but given our shortage of staff, it may have to come to that. And that would be detrimental to everybody involved.

But you know that's a band-aid solution.

We need more staff.

[Jessica Yang] 18:10:44

We need the place to attract people. We need more radiologists. And there are things that can be done very quickly by management to help that. We don't want, we don't want outsourcing, and we ideally want to do everything in-house.

We should have a big department, and we ideally want to do everything in-house.

We should have a big department. We should have an academic department. We should have a department that does research. But now, what's happening at the moment. It really breaks my heart.

[Winston Cheung] 18:11:14

Hao.

[Hao Xiang] 18:11:20

So, I'll just say something about my diagnostic colleagues from the IR side.

So just one sentence. The history of the problem from our point of view in IR, was that diagnostic guys were like fundamentally understaffed.

It wasn't very ... it became apparent just before COVID. Then COVID masked ... because activity went down. Then COVID ended and activity went up and they didn't have enough staff.

And then when they tried to deal with it, with management, they basically got bullied and were told they weren't working hard enough.

[Hao Xiang] 18:11:51

So those 2 things ... ultimately ... underlying things that caused all the problems. And with regards to their bullying and so on, the conditions got bad and morale ... low ... people left.

And so ... just want to give you guys some examples of the sort of things everyone's saying... How can we fix it?

[Hao Xiang] 18:12:08

These are just some of the things that have been floated, that may help.

One is the pay structure at Concord is actually in such a way that these guys are getting paid less than the colleagues in other public hospitals.

We don't talk too much about pay, but that's one major problem.

Basically, they come here, work twice as hard and get paid less.

That's something the admin can fix. Because if they don't want to spend the money now, they can spend 6 times more later, when everyone leaves.

[Hao Xiang] 18:12:35

That's number 1 and 2. If they won't fix the pay, they need to improve the actual working conditions when people are here day to day.

That's why we've been pushing for 10 hour days for so long. So if you're here 2 days a week, you go from a point 4 to point 5.

That's nice.

Another one we're trying to fix is flexible hours and work from home. We've been pushing this since COVID.

And Sydney LHD is probably the worst LHD in terms of work from home. In Liverpool, before COVID, we had full work from home set up.

And the current SLHD solution that I've sort of trialed, with one of the radiologists, is not fit for purpose.

[Hao Xiang] 18:13:11

It's not the same as our setups in other places. It's through a virtual desktop.

It's not proper... So work needs to be done there. But there are some sweeteners that might increase the satisfaction of the people that come here every day.

[Hao Xiang] 18:13:21

Then another thing is the workload is excessive. Some things just need to be cut.

So when they hit, I don't know, 40 CTs a day, there needs to be some mechanism for the diagnostic guys to say, beyond here, this stuff needs to be sent to some unspecified radiologists TBD list.

So that they don't just keep getting piled nonstop CTs...

Like they'll never get through it ... go somewhere else. And then long term, the department has to be saved by our registrars, really. Because no external people are going to come here at this point.



... any hope is that our registrars finish and come back. So we have to support the registrars really hard.

So this is why outsourcing, rather than focusing on this backlog, really needs to shift to the midnight to 8 am...

Because if we stop doing registrar nights, that's plus 2 registrars on the floor already.

[Hao Xiang] 18:14:15

There's a pre and post nights reg, and a night reg. So that can be sorted ASAP. That's plus 2 regs on the floor.

We can't increase registrars because of various college reasons and accreditation. But we can increase SRMOs.

[Hao Xiang] 18:14:28

Last time we advertised for SRMOs, there were a hundred 40 applicants.

At the meeting with Teresa, we asked for more SRMOs. Because that can be increased.

And we were told maybe you can get one more. But what the department really wants is 4 or 5.

One can hold IR pager and help the registrars work ... stopping. One can hold the CT page.

One can help the registrar in the evening, because half the evening registrar's problem is answering 50 pages per hour while trying to report 40 scans.

[Hao Xiang] 18:14:54

So these are the immediate things that the district need to sort out to keep these guys here.

[Winston Cheung] 18:15:01

And these are the issues that have been brought up for months. These are the background issues ... that have been brought up for months.

But have not been acted upon. Multiple, multiple requests.

Ilona.

[Ilona Cunningham] 18:15:16

Andrew Hallahan just had his hand up. Just wrote. He had some useful comments.

[Andrew Hallahan] 18:15:28

I'm not sure that I've got much more than what Joseph has already outlined to you.

And I haven't been directly involved in the discussions. I can assure you that it's been taken seriously.

[Andrew Hallahan] 18:15:42

There is an executive working party which Teresa chairs, which is currently meeting 3 times a week.

To work through a detailed action plan that is actually looking at many of these things that have been mentioned.

[Winston Cheung] 18:15:59

Sorry. Andrew. A detailed action plan. You're meeting 3 times a week. And what's the action plan?

[Andrew Hallahan] 18:16:03

Correct.

[Winston Cheung] 18:16:08

What's, these questions they've been...

[Andrew Hallahan] 18:16:09

The planning is very... Winston. It deals with staffing. With recruitment. With conditions. With capital works.

[Winston Cheung] 18:16:26

These have been requested for a long, long time, Andrew.

Where's the progress?

[Andrew Hallahan] 18:16:34

Well, Winston, it's as Joseph has said. That we are doing our very best to address this and address this in a timely fashion.

There's a significant number of complex underlying things here. And I can hear and feel the pain and we're working on

[Winston Cheung] 18:16:54

What complex underlying things, Andrew? Tell us what's complex. What's complex about it?

What are the complex underlying things?

[Andrew Hallahan] 18:17:02

Can I. Look. Okay. First of all, Winston. I'm currently feeling like you're speaking in a way which is frankly bullying itself.

And I would request that we actually have a respectful dialogue.

[Andrew Hallahan] 18:17:19

Okay, otherwise I'm not going to continue this. I will log off. Okay. I really think that the approach that is being taken here is not helpful to a constructive dialogue and is actually not consistent with what I expect of a professional meeting.

I'm trying to outline to you and to the group that we are listening and we are taking it seriously.

And that there is actually, you know, a high level group which has, is working through this. The Chief Executive met with the radiologists or with the radiology department. A few weeks ago that was a 4 hour meeting.

[Andrew Hallahan] 18:18:08

Joseph was there. I was not. And there are a lot of actions. Which have come out of that.

And, as Joseph has outlined, we are doing everything we can to recruit.

[Andrew Hallahan] 18:18:24

We have had no reduction in approved radiology FTE. We recognize that there's a significant gap which has been addressed to the very best of our abilities at this point in time. It is difficult. I agree with the comment that Hao made that we really need to work on retaining our registrars and attracting them to stay in consultant positions.

We are seeking to improve conditions with the 10 hour days and with working from home arrangements. And we have instituted outsourcing to actually address some of the issues with workload.

And those things are all in place as well as the very significant capital works and I hear you. I hear that you know that these are issues which feel like they're overdue.

I can assure you that they are being taken seriously and that we are working as a district to address them to the very best of our ability.

[Winston Cheung] 18:19:33

I'm going to read something out to you, Andrew.

This is from the SLHD CORE values and behaviour. Workforce Factsheet, Sydney, it's your local health district.

As you're aware, we've got our CORE values and there is what people call the above the line behaviours. And there is what's called the below the line behaviours, which we're not supposed to do.

[Winston Cheung] 18:19:59

So on the district factsheet, it says a below the line behaviour is to complain about resource limitations and constraints rather than striving to work creatively within available resources and looking for innovative solutions.

So a below the line behaviour is to complain about resource limitations and constraints. Rather than finding a way to work around it.

This is your district CORE values.

This, this is your district CORE values.

[Winston Cheung] 18:20:41

Andrew?

[Andrew Hallahan] 18:20:42

And your point is.

[Winston Cheung] 18:20:44

My point is that's your values.

[Andrew Hallahan] 18:20:51

Okay.

[Winston Cheung] 18:20:53

You guys. The district have had months and months and months. To manage this. And we are in the worst situation from radiology that they've ever been.

[Andrew Hallahan] 18:21:08

Winston. We're doing, Winston. We're not seeking to put in band-aid solutions.

[Winston Cheung] 18:21:08

And we've got band-aid solutions. But the actual.

[Andrew Hallahan] 18:21:15

I'm sorry, the capital works that should have been done are not band-aids.

Okay. The working from home is not a band-aid. 10 hour days are not a band-aid.

They said real and substantive actions. I hear what you're saying. I hear the distress and I'm really sorry for the thing.

[Winston Cheung] 18:21:33

What they want, Andrew, what they want.

[Andrew Hallahan] 18:21:36

And we're seeing, Winston, can you let me finish please? It is incredibly disrespectful for you to interrupt me while I'm trying to make a point.

That what you have just done is. It's not okay. I'm trying to actually make a reasonable point to you.

And to the group.

Do you understand that?

[Winston Cheung] 18:22:04

I'm listening, Andrew, I'm listening.

[Andrew Hallahan] 18:22:06

So we all working hard to address these things. I just wanted to say I'm really sorry that we're in this situation.

Okay, you know, I'm really sorry for the distress which has been expressed. And Joseph and I and others are working hard to see to address this.

[Andrew Hallahan] 18:22:31

I think at this point in time, I'm actually going to, I've got to be somewhere else.

I'm really sorry, I'm going to have to leave this meeting. I would ask you to reflect a little bit on how these meetings are run.

Because it's getting to the point where frankly. You know, I'm not sure what we're achieving here.

[Andrew Hallahan] 18:22:57

And I would ask you to consider the conduct of these meetings and the conduct of yourselves as a medical staff council.

[Andrew Hallahan] 18:23:09

I do think it has to be considered seriously. I'm sorry that I can't say stay.

I do have a personal commitment.

[Winston Cheung] 18:23:17

Just one thing before you go, and one thing before you go. So, the question of

[Andrew Hallahan] 18:23:22

Winston, I'm actually leaving. And I will, I'm happy, to take personal calls, but I'm sorry I'm going to leave now.

[Winston Cheung] 18:23:30

Thank you, Andrew.

[Winston Cheung] 18:23:33

Well, are there any other comments from the floor?

[Winston Cheung] 18:23:43

Well. I'm not happy. I'm not happy.

[Payam Yahyavi] 18:23:47

Winston. Yeah, I'm not happy either. The thing is, to be honest, it's really heartbreaking.

It's really heartbreaking to see ... Michael going into all those tears. It's heartbreaking to see them. How everyone is under so much pressure. And it's heart breaking to also see Michael and Andrew going almost into ...

[Payam Yahyavi] 18:24:15

I think we're tearing each other apart here.

I think we were just tearing each other apart here and I'm not happy with it at all.

I don't know what's the solution. I know everyone is under the stress. I know there are some things that can be done, which can be done.

And I think. Actually, what John and Max are doing, with some sort of respectful, meaningful discussions, and listening, and trying to find solutions.

It's actually I found it reasonably good. And I think we all can use a bit of that, because to be honest, I should agree with them that we are under a lot of pressure.

... under a lot of pressure. Radiology is under a lot of pressure. It doesn't necessarily mean that we need to start ... each other.

And I think you're doing that. I know you have good intentions. I'm not saying that you don't have good intentions.

But probably people with good intentions are doing things that probably are not, in the right way.

I don't know what's the right way, or how we can do it. But I don't think it's the right way.

[Winston Cheung] 18:25:54

Thanks ... We've talked a lot about our staff distress. But we've got to remember that 49000 people haven't had their radiology reported.

49000 people. 49000 patients. With who knows what is on those scans.

[Judith Trotman] 18:26:13

Yeah, but Winston, you're not actually responding to what Payam and Andrew had brought up, and I can only echo that I not convinced that these forums are being constructive in moving things forward, and helping our colleagues within departments who are really, really struggling. Helping them constructively.

I continue to join these meetings despite the fact that I have a difference of opinion in style and approach, because I want to be constructive and supportive.

But I'm finding that the way the meetings are conducted with this heckling style is not constructive.

[Winston Cheung] 18:27:03

So what's the suggestion?

[Winston Cheung] 18:27:07

What do we do?

[Judith Trotman] 18:27:09

No, no, no. I'm asking you to answer the concerns that have been raised about the style of which these meetings have been raised. About the style of which these meetings have been conducted and continue to conduct.

Because it has been a long time. I am hearing some suggestions of constructive change coming from the district executive. But I would like you to respond to the concerns that have been raised by 3 of us now about the style in which these meetings are held.

[Payam Yahyavi] 18:27:44

Can I make something very clear? I don't want Winston to feel like I'm attacking him either to be honest.

[Judith Trotman] 18:27:50

Not likewise. Yes.

[Payam Yahyavi] 18:27:52

To be honest. I truly believe Winston has good ... He's identified the issues with the radiology department, with lack of resources. With, as he mentioned, the services that we need to provide and, I think, probably the intention is right. The bravery is.

But I think we are doing something not in the right way.

But, with good intentions probably, but definitely not in the right way. People shouldn't get into tears in a meeting. I think tearing each other part is not going to end in any good meaningful outcome.

[Payam Yahyavi] 18:28:40

You're saying, what's the suggestion? To be honest, I don't know.

But one suggestion that comes to my mind is that having had somebody like John and Max. In them sitting in the middle, and trying to guide the discussion in a more constructive way has been useful so far, between some members with different opinions, different clashing priorities or ideas. I've



seen that it's effective. Probably that can be one possible solution. To have somebody with a bit of expertise.

How we can get on the same page. Have some sort of a bit more constructive discussion on the floor. Try to facilitate the discussion between us. We can have them in this meeting, facilitate our discussion with the executive.

That can be one possible solution. This way I don't think it's going to work.

[Winston Cheung] 18:29:38

Thanks Payam.

Laurence.

[Laurence Gluch] 18:29:40

I respectfully, I disagree. It's good cop, bad cop. I observed for 20 years the good cop approach and it got us nowhere. So maybe it is time to take on the bad cop approach.

[Laurence Gluch] 18:29:49

The power is all in the hands of the Board and Teresa. And I just don't think we're making any headway in getting any of the power that we deserve.

[Ilona Cunningham] 18:30:02

My additional comment and I have to say that we really feel for our colleagues.

It is indeed, the meetings are distressing, but also this ... distressing because they're not going anywhere.

And I have a feeling that there is so much is happening that we are not cognizant of, Winston.

Hao, we don't have all the information in our hands to be able to constructively assist you or the radiology department and just to me, being confrontational possibly destroys some of that work.

[Ilona Cunningham] 18:31:05

Is it possible that, as I think some of us have pointed out, we're going about this the wrong way. That there might well have been a number of things that have already happened or happening in the background that we don't know of. And asking for a detailed account of all the actions and what is the timeframe of those actions may be much more constructive than being confrontational and asking for votes of no confidence.

[Winston Cheung] 18:31:46

I just asked Andrew to tell us what's happening. He didn't tell us. ... 3 meetings a week.

[Ilona Cunningham] 18:31:52

Thank you. This may not be the right forum to get all the details. But even an invitation specifically to focus on radiology. And an invitation to hear all the actions that are happening may well be a good idea.

[Winston Cheung] 18:32:14

Prunella.

[Prunella Blinman] 18:32:17

Thanks, Winston. Just reflecting on how much, how we can get maximum use out of the meetings.

I agree. I feel like, I absolutely support all my colleagues at Concord. And I'm really want to get behind them and support them and I want to see progress like everyone else.

But I just feel these meetings sometime, frequently, not sometimes. There's a lot of repetition that we've all heard before.

And so I wonder if we could just maybe stick to pertinent updates. Since the last meeting, rather than revisiting some of the problems and stories that we've heard prior. Just to make the meetings more efficient.

That might be one strategy. Anyway, just proposing that.

[Winston Cheung] 18:33:02

Okay, thanks. Well, it's 6.30 and should wrap this up.

I'm going to go ahead and propose the vote of no confidence in the SLHD Board.

And so I'm going to propose this because I have no confidence in the Board.

I have no confidence in what is happening. I feel despondent, in terms of despite all the work that we have done. All the complaints. All the submissions. That this is still happening to our radiology department.

When this could have been fixed many, many months ago.

[Winston Cheung] 18:33:44

I feel despondent for them. I feel despondent for them. So I'm going move the vote of no confidence. I'm going to propose this.

I move the vote of no confidence in the Board. And then I propose that we have a vote in 2 weeks' time.

A vote of no confidence in just the board the SLHD board, in 2 weeks' time. I'm not going to move a most vote of no confidence in New South Wales Health.

[Winston Cheung] 18:34:09

I think the Board and the executive have had more than enough chance to fix this problem for radiology.

They've dragged their feet. I take the view that they're not going to fix the problem.

[Winston Cheung] 18:34:22

I take the view that they want to run us down. And reduce our services. And this is just part of it.

But that view may be wrong, but that's the view that I have. That's certainly the way they're acting.

[Winston Cheung] 18:34:34

You know, we've had problems in radiology for years. As all the MSC chairs have attested to.

There's been no significant action. And we've lost 5 radiologists. And if we lose one more. We lose one more, we are in big trouble.

And I'm not planning on losing any more radiologists. And I'm not going to sit around and do nothing.

[Winston Cheung] 18:34:59

So today, I'm going to propose this vote. And I'd like everyone to put their hands down.

Because ... look like you're seconding it.

[Ilona Cunningham] 18:35:08

I was going to say though that don't you need at least another person to support your vote of no confidence? Your move to propose a vote of no confidence.

In the end you are representing us. It's not a personal view that you hold. You hold the view collectively of the medical staff council.

[Winston Cheung] 18:35:32

I'm going ask for someone to second it, but obviously because there's hands up, I want everyone's hands to be put down first. And then I'll ask for a seconder.

So Phil, can you? I think it's a legacy hand. Can you put that down please?

[Winston Cheung] 18:35:51

Okay, Phil is not online. So I will ask for a seconder, but I won't count Phil's hand.

[Winston Cheung] 18:36:00

So can someone please second the motion?

So we've got 2 seconding.

[Winston Cheung] 18:36:05

Any more want to second? We've got 3.

[Winston Cheung] 18:36:09

I'll leave it up for a little bit longer.

[Winston Cheung] 18:36:14

We've got 4.

(Hands were raised by Asim Shah, Laurence Gluch, Jessica Yang and Belinda Hokin)

[Winston Cheung] 18:36:21

Okay, so the motion is seconded. So I'll propose that we will run the vote exactly the same way that we have in the past.

Using electronic voting under secret ballot on the 26th of October, which will be 2 weeks' time.

We will get information out. I'll arrange the usual independent panel. And also arrange that panel to liaise with the voting organization to arrange that. And in the meantime, I hope everyone can discuss this with everyone else.

Fergus. You had your hand up. Was that for a seconder, or was that just a request?

[Fergus Davidson] 18:36:59

Just ... comment. I think that the way we're running these meetings needs to soften. I think even what I detected from Andrew Halloran is that things are beyond his control as well.

I think there's a role for band-aid solutions, as well as longer term solutions. But I have no hesitation in proposing that there's no accountability at a more senior level, for what has brewed for a very long time.

[Fergus Davidson] 18:37:34

And. That's the

[Winston Cheung] 18:37:36

That's the fundamental problem that we have with dealing with executive here, is that no one here actually has the authority to actually make decisions.

[Fergus Davidson] 18:37:44

Yeah.

[Winston Cheung] 18:37:45

Everyone has the authority, Andrew and Joseph have the authority, to block decisions, but no one at this meeting from the executive has the authority to authorize anything.

[Fergus Davidson] 18:37:48

Yeah.

[Winston Cheung] 18:37:59

That's the problem.

[Fergus Davidson] 18:37:59

Yeah. But I think that Andrew makes a point of the style and I think it needs to be as respectful as possible. And if someone doesn't want to engage in a very robust discussion and they don't have to be dragged into that.

So I think we need to be very careful of that.

[Winston Cheung] 18:38:18

Yep, I hear you Fergus. I hear you Fergus.

[Winston Cheung] 18:38:23

Okay, well, I think with that, we will close the meeting. And so we'll send some emails around in the next 2 days, but thank you all for joining us today. And we'll see you again. Until next time.

[Winston Cheung] 18:38:37

Thank you.